Abstract 220

TITLE: HIV Prophylaxis After Non-occupational Exposure in Massachesetts

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OBJECTIVES: Antiretroviral therapy has been used by health care workers after occupational exposures to HIV for several years. Recommendations have been recently made for the use of antiretroviral drugs after sexual or non-occupational needle exposures. The purpose of the current presentation is to discuss the experience of non-occupational post-exposure prophylaxis (NPEP) in Massachusetts by describing the experience of the largest local center for the provision of care for people living with HIV, and to present the results of a statewide provider survey.

METHODS: After receiving requests for NPEP in 1997, the FCHC held community meetings and assembled a task force, and developed a comprehensive protocol to handle NPEP requests. In the fall of 1998, FCHC in conjunction with the CDC began to develop a statewide sentinel surveillance system to track the utilization of NPEP. The first step of this process included a provider survey sent to infectious disease specialists and providers in centers likely to see individuals who were survivors of sexual assault, or were otherwise likely to request NPEP.

RESULTS: In the first year of FCHC's protocol, 49 individuals received NPEP; the majority were MSM. Eight providers from 63 of 89 institutions where NPEP was likely to be used, responded to a survey and the majority (65) indicated that they were familiar with NPEP. However, less than 20% had a written protocol, and more than 213 of the respondents indicated that they did not have any formal protocol in place. I6 sites reported placing approximately 100 individuals on NPEP, with ½ of the use of NPEP being for survivors of sexual assault. 36 individuals received PEP after unprotected sexual encounters, and 15 received NPEP because of sharing unclean needles. The majority of sites that responded to the questionnaire indicated their desire for more formal training regarding protocols for NPEP. Over the next year, FCHC with the CDC will develop additional sentinel surveillance sites throughout Massachusetts, and will initiate a program of provider education regarding the utilization of NPEP.

CONCLUSIONS: NPEP has been used in multiple settings throughout Massachusetts including community health centers, emergency rooms, HMOs, and private practice settings. Many experienced providers are aware of the use of NPEP, but either do not have first hand experience, or would like increased training to develop local protocols. Over the next year, it is anticipated that familiarity with the use of NPEP will increase in Massachusetts.

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